PTO'SBUS(06-01)

Approved for use though 7851/2005, OMS 0851-0032

V.S. Pato's and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Crisis and Sparrots Reduction Act of 1995, no persons are required to respond to a continuous of information unless it displays a paid OMB control number.											
Substitute for Form PTO-875								7	70/692820		
CLAIMS AS FILED - PART I (Column 2)						SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
FOR	· HUME	ER FLED	· MAN	BER'EXTRA.		RATE	. PEE	T	RATE .	REE	
BASIC FEE			•••		7			٦		766	
TOTAL CLAMS 437 CFR 8,46(4)	1	minus 2	.]	·	1	<u> </u>	-	- · OR		-	
MOEPENDENT CLASS	+				-	-	 	- OR		-	
G7 CFR 1.16(b))	-	minus	3.1.	•	4	×5	<u> </u>	· OR	# 4 ·		
MALTIPLE DEPENDENT CLAMPRESENT (27 CFA 1.14(4)						<u>••—•</u>		OR		.:	
" if the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL] oa:	TOTAL		
CLAIMS AS AMENDED - PART II											
4000	Column 1)		(Cohemn 2)	(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	THAN ENTITY	
5	CLAIMS REMAINING AFTER WENDMENT		HÖFEST HUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADD+		RATE	ADD+ TIONAL	
Total Cardent Links	.3/_	Minus	" 7/	 	11		FEE	1	┝╼┯╼┤	FEE	
Z Independent .	.,	Minus	_برد		}	x	 	OR	K5		
ž	4					X 5 =	<u> </u>	OR	X3		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLANS (37 CFR 1,1441)						+5		OR	., .		
X128106						NOOL FEE		OR	TOTAL ADD'L FEE		
	Olarim 1)	•	(Cohemn 2)	(Column 3)						ŭ	
T RI	EMAINING AFTER EMOMENT	_ •	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL*	٠	RATE	ADDI- TIONAL	
Total (1000)	367	Minus	" <i>3</i> 6			# 5 · · ·				FEE	
U OF GRINGE	4	Minus	-4	•		× 1		OR	× 8 *		
A LINES LATERED TO THE OF THE OF THE OF THE OTHER THE CAME THE CAM								OR OR			
2/08/06						TOTAL ADOL FEE		09	TOTAL ADDITEE		
	(T'embo	- 1	(Column 2)	(Column 3)	_		<u> </u>	_			
- 1 1 .	MAINING AFTER ENDMENT		MAMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI:		, RATE	ADDI- TIONAL	
S Characters		Minus	" 37	•	t		ret .	ŀ	+	FEE	
Z TOTAL MOS TOTAL MOS TO THE PROPERTY OF THE P	41	Mirus	- 72	•/-	F			OR I	* • • .		
FIRST PHESCHIATION OF MARTIPLE DEPENDENT CLAM (3) CFR 1 16(d))								OR	×1		
						IOTAL		& T	TOTAL		
. If the entry in options	i is less than t	ine entry i	n column 2. wile	'O' in order		MOT LEE		Ou	ADO'L FEE		
If the register Number Previously Paid For IN Tres SPACE is test than 20, enter "10".											
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box or criterio a											

This collection of information is sequined by 37 CFR 1,16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application, Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1,1715 collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. This will vary depending upon the individual case. Any comments on the amount of buncy by require to complete this form another suggestions for reducing this burden, should be sent to the Cited information Office, U.S. Parent and Transformack Office, U.S. Department of Commence, P.O. Oax 1430, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissional for Parents, P.O. Box 1430, Alexandria, VA 22313-1450.